United Nations DP/FPA/2009/2 (Part I)

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
Date: 22 April 2009

Original: English

Annual session 2009
26 May to 5 June 2009, New York
Item 12 of the provisional agenda
UNFPA – Annual report of the Executive Director for 2008

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 2008: PROGRESS IN IMPLEMENTING THE STRATEGIC PLAN, 2008-2011

Summary

The present report focuses on the implementation of the UNFPA strategic plan, 2008-2011, towards accelerating progress and national ownership of the Programme of Action of the International Conference on Population and Development (ICPD). It delineates the major initiatives undertaken by UNFPA in 2008, the results and progress achieved and the challenges encountered in assisting countries in implementing the ICPD Programme of Action.

The analysis in the report focuses on the two central results frameworks of the strategic plan, namely, the development results framework and the management results framework; and reflects the Fund's strengthened emphasis on national ownership and capacity development, and on the strategic plan's 13 development outcomes and indicators and nine management outputs.

The overall resources expended in the Fund's three focus areas of population and development, reproductive health and rights, and gender equality as reported in 2008 are also summarized. The Statistical and financial review (DP/FPA/2009/2 (Part I, Add. 1) an addendum to the present report, provides details of UNFPA income and expenditures in 2008, including expenditures by programme areas, region and country classification groups.

In line with General Assembly resolution 63/232 on operational activities for development, which, inter alia, urges the funds and programmes to carry out any changes required to align their planning cycles with the quadrennial comprehensive policy review, including the implementation of midterm reviews as necessary, the Executive Board may wish to extend the UNFPA strategic plan, 2008-2011, and its integrated resources framework and the global and regional programme, 2008-2011. Elements for a decision are provided in section VI of the present report.

09-31102 (E) 190509

CONTENTS

Page

I. INTRODUCTION 3

II. CONTEXT 3

III. DEVELOPMENT RESULTS FRAMEWORK 4

IV. MANAGEMENT RESULTS FRAMEWORK 26

V. INTEGRATED FINANCIAL RESOURCES FRAMEWORK 34

VI. ELEMENTS FOR A DECISION 36

VII. ANNEX 37

I. INTRODUCTION

1. The present report focuses on the implementation of the UNFPA strategic plan 2008-2011, towards accelerating progress and national ownership of the Programme of Action of the International Conference on Population and Development (ICPD). It delineates the major initiatives undertaken by UNFPA in 2008, the results and progress achieved and the challenges encountered in assisting countries in implementing the ICPD Programme of Action. The analysis in the present report focuses on the two central results frameworks of the strategic plan, namely, the development results framework and the management results framework; and reflects the Fund's strengthened emphasis on national ownership and capacity development, and on the strategic plan's 13 development outcomes and nine management outputs.

2. Section II of the present report highlights key contextual issues during 2008 which had implications for UNFPA programming. Section III focuses on progress achieved and challenges encountered in working towards attaining the 13 development outcomes in the three focus areas of population and development, reproductive health and rights, and gender equality. The report has used the strategic plan development results outcome and indicator framework for reporting. Contributions towards achieving the Fund's nine management outputs are detailed in section IV of the report. The summary of 2008 expenditures is presented in the integrated financial resources framework in section V. The Statistical and financial review (DP/FPA/2009/2 (Part I, Add.1) elaborates on UNFPA income and expenditures by programme areas, region and country classification group. Section VI of the present report contains elements for a decision by the Executive Board. The annex provides a matrix on UNFPA country office involvement in key strategic plan development results framework areas.

3. The present report has used data and information gathered from UNFPA internal reporting instruments, notably the 2008 annual reports from all UNFPA divisions and units, including 121 country offices. Overall, there has been an improvement in the quality of data and a 100 per cent submission rate of annual reports for 2008. However, challenges remain with regard to data completeness and the harmonization of different organizational reporting needs. These issues will be addressed during 2009 through the results-based management (RBM) optimization initiative to strengthen RBM.

II. CONTEXT

A. External environment

4. The year 2008 was marked by an extraordinary outbreak of multiple crises (food, fuel, financial) that have disproportionately affected the most vulnerable groups around the globe, particularly women and girls. Women represent 70 per cent of the world's poor. In many countries they are still insufficiently integrated into socio-economic life, often being the first victims of a crisis, while bearing the brunt of feeding and caring for their families.

5. The ongoing financial crisis has resulted in a significant economic downturn around the world. It is estimated that one third of all developing countries – mostly in Africa and Asia – are highly exposed to the effects of the crisis on poverty. The slowing down of economic growth in the developing world can also contribute to a weakening of national social protection systems, decreased spending on social development, and a decline in public health budgets and expenditures. Furthermore, the serious economic downturn in the developed world and the volatility in the currency markets have raised concerns about implications of the crisis for official development assistance (ODA). The combination of these factors

endangers access to both public and private reproductive health services, particularly family planning and safe delivery services. To prevent the ensuing human crisis, which can undo years of progress and further challenge achievement of the Millennium Development Goals (MDGs), UNFPA advocates the implementation of the Abuja target of 15 per cent of the national budget to health and preservation of the donor countries' commitment to meet the targets of 0.7 per cent of gross national product for ODA and 0.15 to 0.2 per cent to least developed countries (LDCs). In this time of crisis, UNFPA is intensifying its pursuit of the effective and efficient use of available resources and harmonization and coherence among United Nations and other development partners.

6. UNFPA continues to contribute to a better understanding of the links between population, poverty, environment and climate change. UNFPA underscores the importance of framing this debate in terms of the ICPD focus on reproductive health and rights. About 70 per cent of natural disasters are now climate-related – up from about 50 per cent two decades ago. This trend also highlights the need for better coordination between development and humanitarian assistance strategies.

7. Climate change and poverty have increased the potential for and risk of migration (both in-country and cross-border) since the affected people are often forced to move to less disaster-prone and more productive areas and seek new opportunities. The financial/economic crisis is impacting this trend, causing some emigrants to return to their places of origin, where they face unemployment and poverty. Across the globe, remittances stagnated in the second half of 2008.

8. Response to all these challenges calls for even greater advocacy and engagement at the political level in support of international development goals, including ICPD goals. It also calls for greater focus on working together effectively with all development partners in line with General Assembly resolution 62/208 on the triennial comprehensive policy review of operational activities for development of the United Nations system (TCPR).

B. UNFPA reorganization

9. The year 2008 marked the transition of UNFPA to its new organizational structure in support of more effective country operations. The year saw the establishment of subregional and regional offices in Africa, Asia and the Pacific, and Latin America and the Caribbean. The Arab States regional office and the regional office for Eastern Europe and Central Asia are operating out of UNFPA headquarters until premises become ready in the second half of 2009. Orientation and learning activities, including workshops on team work, building a common vision and communications are being held. UNFPA has also developed guidance on the delivery of technical assistance under the new regionalized structure. The Fund is working on the operationalization of processes, systems and mechanisms aimed to ensure that organizational changes support UNFPA becoming more effective and efficient. An interactive platform for the sharing of knowledge and lessons learned is under development. Also, an internal communication strategy is being developed to address the challenge of maintaining one voice.

III. DEVELOPMENT RESULTS FRAMEWORK

10. The development results framework of the strategic plan sets out the goals and outcomes for UNFPA in three focus areas: (a) population and development; (b) reproductive health and rights; and (c) gender equality. This section of the report presents analysis on progress in working towards the 13 development outcomes under the three above-mentioned focus areas. For each of the indicators the report presents: (a) overall indicator data; (b) key UNFPA 2008 contributions; and (c) analysis and challenges.

Although UNFPA contributions cover a wide range of interventions under each strategic plan area, the focus of this year's report is on the 13 strategic plan outcomes and indicators. In-depth analysis of the goal level indicators and trends is envisaged in the midterm review of the strategic plan. As a key priority, capacity development is addressed in all the main sections of the present report.

11. In 2008, UNFPA country programme outputs were aligned to the outcomes of the UNFPA strategic plan, 2008-2011. Through this exercise existing and new country programme outputs were coded and aligned with the plan's 13 development outcomes. Since the three priority areas of the Fund were continued in the new plan, the alignment exercise did not pose major challenges. However, integration of reproductive health, as well as gender and population and development in UNFPA country programme outputs, occasionally makes it difficult to disaggregate outputs in a manner consistent with the different strategic plan outcomes.

A. Population and development

Goal 1: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.

12. In 2008, UNFPA programme assistance in population and development totalled $68.9 million from regular resources and $55.1 million from other resources. The goal of UNFPA work in population and development is improving the quality of life of people and reducing poverty through the systematic use of population dynamics analyses to guide increased investments in the areas of gender equality, youth development, reproductive health and HIV/AIDS. Annex 1 provides a summary of UNFPA country support to selected strategic plan outcome areas in 2008.

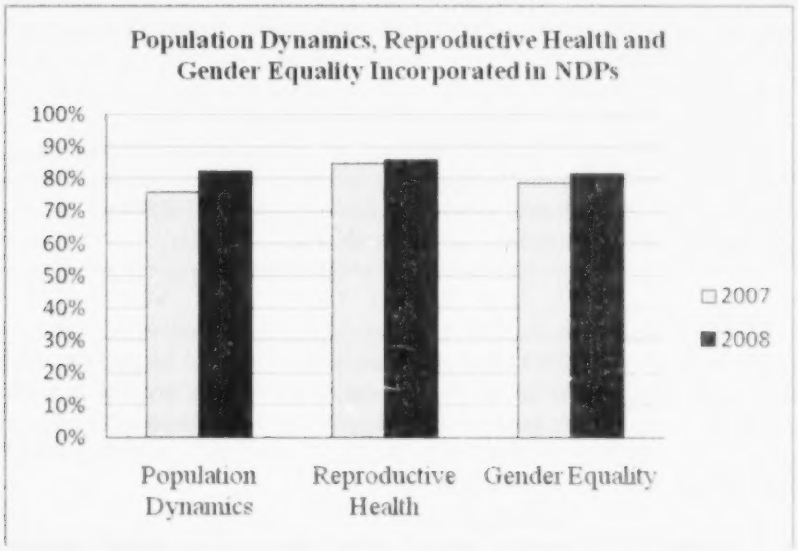
Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

13. Incorporation of population and poverty linkages in national development strategies. The proportion of countries with national development plans (NDPs) including poverty reduction strategies (PRS) that incorporated population dynamics, reproductive health, including HIV/AIDS and gender equality, increased during 2008 (see figure 1 below). Population dynamics and its interlinkages with poverty were incorporated in 82 per cent of NDPs in 2008 as compared to 76 per cent in 2007. Reproductive health, including HIV/AIDS, was included in 86 per cent NDPs in 2008 as compared to 85 per cent in 2007, and gender equality dimensions in 82 per cent of NDPs as compared to 79 per cent in 2007. This increase in incorporation of population dynamics, reproductive health and gender issues was reflected in the situation analysis, policy and monitoring and evaluation components of national development strategies.

14. UNFPA-supported country programmes contributed to promoting policy dialogue, developing and using innovative models for programming, building capacity of and partnering with civil society groups and providing technical support. For example, in Cape Verde, the joint office reported support for the integration of population issues, as well as for monitoring and evaluation. In Cameroon, Chad, Congo and Côte d'Ivoire, UNFPA provided support to review the poverty reduction strategy papers (PRSPs). Technical support was provided in Jordan to the Higher Population Council in formulating a strategy to

benefit from the demographic window. UNFPA also actively supported the review of the poverty reduction strategy in Armenia and was the chair of the working group on health. In Mexico, contribution was made to the development of sociodemographic information and analysis for the national population policy. Several global and regional initiatives such as the elaboration of concept notes and a distance learning course were also supported.

Figure 1. Proportion of countries with national development plans and poverty reduction strategies that incorporate population dynamics, reproductive health and gender equality in 2007 and 2008



15. Several challenges were reported during 2008, including the need for advocacy at the political level for enhancing attention to population issues, particularly in public expenditure frameworks. Disparity between the written population-related policies and views of the political leadership, high turnover within government and continuous restructuring of government departments were among the other key programming challenges. Furthermore, there was limited analysis on population issues in the PRS in various countries. In some contexts issues related to population dynamics are considered sensitive and there is a reluctance to discuss the issues openly. Encouraging dialogue and open discussion on these issues is a complex process. UNFPA will examine these challenges at the global level and in the local context for strengthening results in this area.

16. Resources mobilized for population activities. UNFPA has been monitoring the flow of resources allocated to implement the ICPD Programme of Action. In a recent report of the Secretary-General (E/CN.9/2009/5) submitted to the Commission on Population and Development, the analysis shows that donor assistance has been increasing steadily over the past few years, reaching $7.4 billion in 2006 (see table 1 below). A rough estimate of resources mobilized by developing countries, as a group, yielded a figure of $18.5 billion for 2007. This amount was expected to increase to $19.6 billion in 2008. The figures in table 1 project that countries will continue to increase resources for population activities. However, given the current global financial crisis, it is not certain whether countries will continue to increase funding levels for population activities.

Table 1. International population assistance by major donor category, 2006–2009 (millions of $)

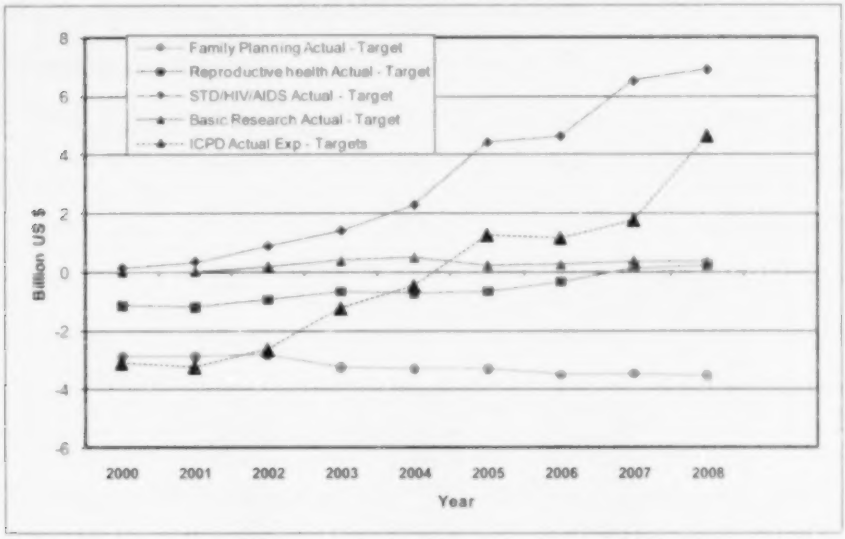
Donor category	2006	2007 *(provisional)*	2008 *(estimated)*	2009 *(projected)*
Developed countries	6,626	6,971	9,813	9,891
United Nations system	105	50	123	127
Foundations/NGOs	406	479	475	491
Development bank grants	131	52	153	158
Subtotal	*7,267*	*7,551*	*10,564*	*10,667*
Development bank loans	113	577	577*	577*
Total	**7,380**	**8,129**	**11,141**	**11,244**

Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and resource flows project database.
Note: Totals may not add up due to rounding.
*The 2008-2009 figures for development bank loans are estimated at the 2007 level.

17. Fifteen years have passed since the ICPD financial targets were first established. Stocktaking of progress at ICPD at 15 shows that while resources mobilized have increased, the overall funding is significantly less than necessary to meet current needs and costs which have grown tremendously since the targets were agreed upon in 1994 (see figure 2 below). A lack of adequate resources to meet current needs continues to be a major impediment to the achievement of both the ICPD goals and the MDGs.

18. For 2008, UNFPA exceeded the resource mobilization targets in its strategic plan – regular contributions exceeded the 2008 target by 3.1 per cent ($12.7 million), and co-financing contributions exceeded the 2008 target by 61 per cent ($122 million). Considerable resources were also mobilized for the UNFPA thematic funds (see also DP/FPA/2009/3) attracting major contributions from the Netherlands and the United Kingdom. Resources were also mobilized for the joint UNFPA-UNICEF programme on female genital mutilation/cutting. At the country level, UNFPA has worked with governments and other development partners to ensure sustainable resources. The co-financing contributions from programme country governments in support of their own country programme grew from $14.2 million in 2007 to $26.3 million in 2008. UNFPA country offices have reported advocacy initiatives for increased investments, broader partnerships and enhanced resource mobilization. Some specific examples include the following: UNFPA in Guinea-Bissau reported mobilization of resources from the Portuguese Institute for Development Support for strengthening emergency obstetric care. In Chad and Malawi, UNFPA prepared a census resource mobilization strategy and mobilized $18 million and $9 million, respectively, for the census; in Oman, UNFPA was successful in mobilizing funding through the private sector for a rural programme; in Macedonia, UNFPA reported mobilization of resources for a joint programme to address domestic violence with four other United Nations agencies; and in Honduras, UNFPA, in collaboration with six United Nations agencies, developed proposals on youth and migration which were approved for a total of $6.4 million.

Figure 2. Population assistance as compared to ICPD targets by population category



Source: UNFPA, 2008. *Financial Resource Flows for Population Activities in 2006* and resource flows project database
Note: Data on actual assistance for 2007 are provisional, data for 2008 are estimates.

19. There has been an increase in the flow of financial resources for implementation of the ICPD Programme of Action, but this has primarily been a result of the increase in funding for HIV/AIDS activities, including both prevention and treatment (see figure 2 above). Meanwhile, there has not been sufficient investment in the health systems of developing countries to enable the achievement of the ICPD targets. Insufficient investment in the first 15 years since ICPD has left many countries behind the required pace for achieving the ICPD targets and significant investment will be needed to accelerate progress.

20. UNFPA country offices have reported that due to the absence of adequate statistics and the nature of the budgeting system of countries (line item budget as opposed to programme budget) it is difficult to monitor resource flows to ICPD goals. In the context of increased budget support, sector-wide approaches (SWAps) and "Delivering as One", mobilization of resources for individual agencies in-country is becoming increasingly challenging. A lesson learned is that timely involvement of potential donors at the development stage of the country programme provides a useful entry point for resource mobilization. UNFPA is analysing these challenges to further develop strategies for resource mobilization that are better suited to the new aid environment.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

21. Addressing young people's multisectoral needs in poverty reduction strategies. The proportion of countries that address young people's multisectoral needs within their national development plans and poverty reduction strategies has remained nearly the same at 51.7 per cent as compared to last year (51.6

per cent). UNFPA country office reports provide examples of good practices of analysis of young people and their needs in NDPs, as well as examples of targeted economic empowerment initiatives. Governments have initiated national youth employment programmes to mitigate poverty among the youth and, in selected countries, indicators on young people are among the key monitoring indicators of national frameworks. However, several challenges remain and more work is needed to better integrate youth issues within and across sectoral development plans, including expanding joint programming across the United Nations system and with other development partners.

22. The key areas where UNFPA reported contributions involve upstream activities such as advocacy, policy support and capacity development. Examples include support to youth participation in policy and programming in Burundi and Chad, establishment of national networks of youth in the Comoros, Madagascar and Liberia and capacity development of youth leaders in the Congo. Technical assistance in the formulation of the national youth plan was provided by UNFPA in Guinea-Bissau and Mozambique. In Sri Lanka, UNFPA contributed to the formulation of the health policy for young people and in Syria, support was provided for comprehensive technical assistance for conducting a youth survey. In Guatemala, UNFPA supported development of institutional capacity to promote innovative strategies to involve youth and in Honduras, in the framework of inter-agency collaboration with UNICEF and the Pan American Health Organization (PAHO), UNFPA provided technical support for the national youth policy and for the strengthening of youth institutions. At the global level, UNFPA has collaborated on the development of the UNFPA-World Bank inter-agency guide on how to include youth in poverty reduction strategies.

23. Youth issues are diverse and dynamic in nature and therefore require a wide range of consultations. UNFPA offices have reported that programmes promoting issues affecting young people are generally limited to HIV-prevention initiatives. Establishing good collaboration, communication and mutual understanding between different ministries and sectors, as well as with United Nations country team (UNCT) partners to work together on youth issues remains a key challenge. There is also a need for greater appreciation by all partners of the importance of gender-sensitive approaches and participation of youth in decision-making. UNFPA will continue to work with programme countries to prioritize the needs of young people and strengthen partnerships to scale up programming in this area.

24. Young people's needs incorporated into emergency preparedness, crisis response and recovery programmes. An increase has been reported in the proportion of countries with emergency preparedness plans that incorporate young people's sexual and reproductive health needs from 58.2 per cent in 2007 to 72.5 per cent in 2008. In 2008, UNFPA supported several initiatives dealing with young people's sexual and reproductive health in emergency situations. In the Occupied Palestinian Territory, UNFPA provided technical and financial support to a number of governmental and non-governmental organizations (NGOs) to implement initiatives to strengthen the delivery of psychosocial services to young people. In Namibia, UNFPA supported the implementation of an integrated sexual and reproductive health programme in the Osire refugee camp, and in Zimbabwe, UNFPA currently supports an adolescent sexual and reproductive health (ASRH) programme in 16 districts of the country providing information to young persons in vulnerable districts. In Myanmar, UNFPA has mobilized youth volunteers to assist in assembling and distributing hygiene kits to women and girls in the areas affected by cyclone Nargis. Similar activities were supported in Haiti in the aftermath of a hurricane. At the global level, UNFPA developed guidance to ensure access of young people to sexual and reproductive health services and information in crisis settings. In Burundi, UNFPA continued implementation of a peacebuilding fund empowering young people through income-generating activities.

25. Though an increasing trend has been noted in attention to young people in humanitarian and emergency situations, several challenges remain including sociocultural issues pertaining to adolescent sexual and reproductive health programming as discussed later in this report under the reproductive health outcome on young people.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

26. 2010 round of censuses. Of the countries that planned for the 2010 round of the population and housing census, 21 per cent reported completion of their census, up from about 14 per cent at the end of 2007. Thirty-eight per cent reported being in pre-preparation; 37 per cent in preparation; 4 per cent were conducting field operations; 9 per cent were compiling data; and 12 per cent were disseminating data.

27. Support to the 2010 census operations was a key priority area during 2008 and UNFPA support was provided for several aspects of census operations, including post-crisis census work, such as the preparation of census projects and census planning (Botswana), census cartography (the Congo), pilot testing (the Democratic Republic of the Congo, Kenya and Tajikistan), validation and publication of results (Côte d'Ivoire) and data cleaning (Lesotho). Several initiatives were supported to build national capacity. The Brazilian Institute of Geography and Statistics provided South-South cooperation to Cape Verde and Guinea-Bissau for technical capacity development. In Asia, support was provided in key areas such as census maps (Bangladesh), logistical support (Pakistan), designing the census questionnaires and training of national statistics programmers (Indonesia), capacity-building for data analysis (the Lao People's Democratic Republic), and information technology, including mapping software (Mongolia). In Latin America, UNFPA supported the presentation of pilot census data and population estimates and projections based on census data (Brazil) and the updating of rural digital cartography (the Dominican Republic). A comprehensive population and housing census costing guide was developed to help countries to plan their census activities more accurately, including resource mobilization.

28. Housing and population censuses present several challenges in view of their interplay with political and electoral processes. Political factors and the institutional set-up of the organizations conducting censuses and elections affect the dissemination of census results. Other challenges include effective management of the census-pooled funds and timely provision of financial and technical assistance. Increased sample sizes, adoption of advanced analysis techniques, inclusion of new variables, limited preparation time, and low allowances for enumerators are additional challenges. Delays occurred in some countries due to security concerns, issues of voter registration for forthcoming elections, inadequate numbers of enumerators and controllers, and a lack of statistical office capacity. Last, but not least, the utilization of census data for policy, planning and budgeting is often not optimal. In 2009 and beyond, working in close collaboration with a number of partners, UNFPA will strengthen its support in the area of census, including through a dedicated Executive Coordinator position and small team (established in 2008).

29. Thematic surveys as sources of data on gender, sexual and reproductive health and HIV/AIDS. There is an increased stock of data reported on ICPD-related issues collected through household and/or thematic surveys, other than population and housing censuses. Eighty-six per cent of countries with UNFPA-supported programmes have conducted a national household/thematic survey that included ICPD-related issues during the period 2003-2008 as compared to 83 per cent in the period 2000-2005.

30. Some key UNFPA contributions include, for example, technical assistance to governments for the demographic and health surveys (DHS) in Ghana, Madagascar, Namibia and Zambia; participation in thematic/technical working groups or DHS steering committees in Botswana and Lesotho; support to house listing and numbering in Nigeria; and partnering and the provision of financial resources for surveys, data analysis and dissemination in Burundi. Also, a South-South partnership has been established between Indonesia and the National Statistics Office in the Philippines. A study on demographic factors of poverty was completed resulting from collaboration between UNFPA, the State Statistics Committee of Ukraine and the Institute of Demography. In Costa Rica, UNFPA helped to design and publish the first national youth survey. At the global level, UNFPA worked with its partners to develop the indicator framework for monitoring the target on universal access to reproductive health.

31. The UNFPA country office reports underscore such issues as limited capacity in data analysis, the need to strengthen data use for planning and decision-making, lack of reliable population data and the need to strengthen vital statistics systems. Strengthening coordination amongst the various players in this area is critical, for example, it is important to include a module on gender-based violence (GBV) in DHS. The production of data and statistics should be geared to the information needs for planning, policy, programme monitoring and evaluation at different levels. Furthermore, due to limited local technical expertise, countries require integrated technical assistance.

32. Availability of disaggregated data and integrated databases. The indicator on proportion of national development plans that include time-bound indicators and targets from national/subnational databases shows an increase during 2008 to 91 per cent as compared to 86 per cent in 2007. A trend in increasing availability of disaggregated data has also been reported.

33. UNFPA contributions include the provision of technical support for the development and establishment of integrated national databases, training and national capacity development, and support to implementation, monitoring and reporting, including at decentralized levels. UNFPA, in partnership with the gender cluster working group, supported sex- and age-disaggregated data availability in crisis settings. In the Comoros, UNFPA supported the development of databases including for sociodemographic data and integrated management information systems (IMIS). In Botswana, UNFPA provided technical assistance for the database containing data disaggregated by district, sex and other parameters. In Namibia, UNFPA conducted training on the use of NamInfo. Various information systems were supported in Zimbabwe (ZIMBDAT), Turkey (Turkstat) and the Lao People's Democratic Republic (Lao Info). In Albania, UNFPA, jointly with UNIFEM, supported engendering statistical data. In Cuba, UNFPA provided support to improve the management and dissemination of sociodemographic information.

34. Often the multiplicity of data and databases for various indicators in countries confuses users and makes monitoring difficult. There is a need to promote unified national databases and coordinating bodies. Adoption of the IMIS is a way to obtain data from different sources: census, surveys, and administration. A lack of basic statistical and demographic capacity at the subnational level has also been reported in countries. Inadequate funding for database development and maintenance are other challenges in this area. A continuing challenge is the translation and interpretation of data.

Outcome 4: Emerging population issues -- especially migration, urbanization, changing age structures (transition to adulthood, ageing) and population and the environment -- incorporated in global, regional and national development agendas.

35. Emerging population issues. UNFPA country offices have reported that 66 per cent of the NDPs (including poverty reduction strategies) included emerging population issues such as urbanization, environment, ageing and international migration. Issues related to migration, urbanization and changes in the age structure of the population are clearly reflected in the PRSPs of such countries as Gabon, Côte d'Ivoire and Ethiopia. Kenya's medium-term plan incorporates an analysis of emerging population issues, urbanization and environment. The concern for the health and well-being of older persons is reflected in Nepal's three-year interim plan.

36. Ageing. At the global level, UNFPA, in collaboration with the Institute for Futures Studies of the University of Stockholm, organized an Expert Group Meeting on Mainstreaming Age Structural Transitions into Economic Development Policy and Planning to build country capacity to mainstream the age structural perspective in development policy and planning. In collaboration with the United Nations Programme on Ageing, regional training workshops were organized to strengthen the capacity of national focal points on ageing. In collaboration with the International Institute on Ageing (INIA), training was provided to policy makers, NGOs and UNFPA country office staff to address the challenges of rapid population ageing in some regions. At the country level, UNFPA support included funding for research studies and facilitating incorporation of population ageing elements in policy and planning. In Albania, as well as in Ukraine, UNFPA collaborated with NGOs and private sector partners in developing a strategy/action plan in line with the Madrid International Plan of Action on Ageing. In Turkey, UNFPA works with the state planning organization to facilitate implementation of the master plan on population ageing. In Mongolia, UNFPA provided technical assistance in establishing a regional institute on ageing; support was also provided to develop a strategy on population ageing.

37. Migration. UNFPA chaired the Global Migration Group (GMG) and coordinated its contribution to the Global Forum on Migration and Development, including spearheading the preparation of the joint GMG report on International Migration and Human Rights presented to the Global Forum. The Fund collaborated with the United Nations Institute for Training and Research (UNITAR), International Organization on Migration (IOM), and the MacArthur Foundation in the organization of migration seminars to enhance understanding of key migration issues and to provide a forum for dialogue. Examples of UNFPA support at the country level include: support for research on migration in Mozambique; support in Senegal for conducting a survey on migration from Africa to Europe; and technical support in Syria for the finalization of the internal migration study which presents migration trends related to population age structure. Also, in El Salvador, UNFPA led the inter-agency study on migration with UNICEF, IOM, UNDP and UNHCR on 'Women, Migration and Development'. The various UNFPA-supported studies and research contributed to increasing the knowledge base for developing policies and plans.

38. Urbanization. In 2008, UNFPA contributions at the global level included preparation of the Report of the Secretary-General on the monitoring of population programmes focusing on population distribution, urbanization, internal migration and development (E/CN.9/2008/4) for the Commission on Population and Development. Also, a number of country case studies on urbanization and concept papers on the links between urbanization, food security and climate change were developed. In Niger, UNFPA supported a thematic analysis on youth fertility and urbanization and the results were useful in preparation of the poverty reduction strategy.

39. Climate change. UNFPA provided support to United Nations Chief Executives Board for Coordination (CEB) activities on climate change, particularly the development of a series of conceptual analyses to contribute to the United Nations Climate Change Conference in Poznan, Poland, and its side events. Also, together with IOM, UNFPA convened an Economic and Social Council ministerial roundtable breakfast meeting on Migration, environment and climate change: the gender perspective. In several countries, UNFPA supported policy round tables/policy dialogues on climate change and population ageing.

40. UNFPA country offices have reported several needs regarding emerging population issues, particularly the need to promote research and qualitative studies to provide the required data and evidence. Many emerging population issues such as migration and ageing are not viewed as relevant by countries and evidence from research is needed to inform the official position. Economic issues tend to overshadow other concerns, including emerging population issues, when national plans and strategies are being developed. There is also a need to enhance understanding of the linkages between ageing and poverty for this issue to be included in the PRS. While UNFPA will continue to build on the conceptual and empirical analysis undertaken in 2008, substantial work needs to be done to raise awareness of the importance of considering population dynamics when formulating climate change policies.

B. Reproductive health and rights

Goal 2: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.

41. It is clear that MDG 5 on maternal mortality reduction cannot be achieved without significant progress on reproductive health as a whole. UNFPA has identified five key programming outcomes under the focus area of reproductive health and rights that are discussed below. In 2008, UNFPA programme assistance in the area of reproductive health totalled $165 million from regular resources and $135.5 million from other resources. Annex 1 provides a summary of UNFPA country support to selected strategic plan outcome areas in 2008.

Outcome 1: Reproductive rights and sexual and reproductive health demand promoted and essential sexual and reproductive health package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

42. Unmet need for family planning. Currently, the overall unmet need for family planning for developing regions is estimated at 14.9 per cent[1]. In the area of demand generation, several countries have begun to address the need for better information at the grassroots level. However, unmet need continues to be high in several countries and has increased in some countries. In Kenya, the unmet need for family planning has remained unchanged since 1998; and in Mozambique, the unmet need for family planning showed a substantive difference in rural and urban areas. Other countries with a high unmet need include Afghanistan, Pakistan and Uganda.

43. UNFPA contributions have included policy dialogue and advocacy, communications, programming support, particularly for repositioning family planning, procurement and logistics

[1] Source: United Nations Population Division and UNFPA, 2005.

management and information systems for contraceptives, training and capacity development. For instance, in Angola, UNFPA supported demand generation for family planning through a national campaign. In the Congo, UNFPA successfully involved men for repositioning of family planning. In Nepal, support was provided for capacity-building of service provides, strengthening training institutions, primary care outreach clinics and communication activities. In Kyrgyzstan, UNFPA supports an initiative for working with religious communities to reach people at the grass-root levels. At the global level, the UNFPA thematic fund for reproductive health commodity security (RHCS) has helped UNFPA to work with national governments and development partners to carry out the diverse and multifaceted work needed to achieve reproductive health commodity security. In 2008, targeted advocacy work was carried out at the regional and country levels resulting in increased support for RHCS leading to increased government funding for reproductive health commodities. In Burkina Faso, the national budget contribution for contraceptives increased from 32 per cent in 2007 to 89 per cent in 2008. In Nicaragua, government funds covered 1 per cent of contraceptives used in 2006, about 10 per cent in 2007 and about 36 per cent in 2008. The "Country Commodity Manager", a software programme developed by UNFPA, is currently used in 89 countries to help manage and report central warehouse commodity data.

44. Data unavailability on the unmet need for family planning continues to pose a challenge. Technical and financial coordination at central and district levels is essential for improving geographical accessibility, particularly as remoteness of locations has been a major challenge in the timely delivery of contraceptives and other supplies. Stockouts affect client compliance and there is an urgent need to address the unavailability of commodities due to delayed procurement procedures. Finally, political will and a commitment to ensure that family planning is a priority are required to convince policymakers to increase support for this area. Many of the above-mentioned issues are being addressed by programme countries in cooperation with UNFPA and other development partners.

45. Emergencies and humanitarian assistance. UNFPA country reports have indicated an increase from 58 per cent in 2007 to over 71 per cent in 2008 in the proportion of humanitarian crisis and post-crisis situations where the minimum initial service package (MISP) for reproductive health was implemented. This can be partly attributed to the increased knowledge of country offices and national counterparts about the MISP and its implementation through various training initiatives.

46. Global and regional initiatives have contributed to strengthening the capacities of UNFPA staff, national counterparts and international humanitarian partners to integrate demographic, gender and reproductive health issues into emergency preparedness, humanitarian response and transition. New training curricula were developed and specialized training held on reproductive health kits, the MISP, clinical management of rape survivors and coordination of multisectoral response to gender-based violence in humanitarian settings. These capacity-building efforts have also enhanced South-South cooperation, by establishing or strengthening networks of experts and communities of practice at regional and field levels. A concrete result is that the ICPD Programme of Action is now integrated into humanitarian assistance funding frameworks such as the Central Emergency Response Fund (CERF), which explains the steady increase in available resources for humanitarian issues for UNFPA at global, regional and national levels. In the framework of South-South cooperation, the UNFPA country offices in Indonesia and the Islamic Republic of Iran provided assistance to Nepal and Myanmar to integrate reproductive health and gender issues in inter-agency contingency plans. In Ethiopia, UNFPA participated in the humanitarian coordination mechanisms and mobilized funds from different donors to address sexual and reproductive health, HIV and GBV in emergencies. In the Comoros, UNFPA supported initiatives to train health staff on the use of reproductive health kits, provided hygiene kits to pregnant women, and also supported the national plan for preparedness and response to natural disasters.

47. One key constraint is that not many humanitarian actors (national as well as international) are aware of the existence of the MISP and are unaware that MISP implementation in emergency situations can be life-saving. Also, there is a lack of capacity of local authorities to coordinate emergency response. The limited availability and high turnover of skilled health care providers makes it difficult to ensure services in remote areas during emergencies. Furthermore, diverting resources from regular to crisis- and disaster-affected districts can result in inequities and ethical dilemmas. Lack of emergency preparedness continues to impede the availability and efficiency of humanitarian response. UNFPA is currently conducting a review of its three-year institutional humanitarian strategy (2007-2009) and the lessons learned and challenges will be addressed in an institutional follow-up outlining future response to humanitarian needs.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

48. UNFPA promotes a continuum of maternal health care as part of reproductive health and the right to health. It will work closely with partners, such as UNICEF, WHO and the World Bank, as well as part of the Health Eight (H8, refers to leaders of the eight global international health agencies) to support a coordinated response, including leveraging support to strengthen health systems for maternal health services.

49. Births attended by skilled health personnel. The proportion of births attended by skilled health personnel in 2008 is reported to be 65.7 per cent. However, a vast gap has been reported between the least developed regions at 35.3 per cent and the less developed regions at 61.9 per cent. Though progress has been reported from several countries, a critical issue is intra-country variations, for example, in Mali, where though the national coverage is 28 per cent, the rate varies from a high of 88 per cent in Bamako to a low of 15 per cent in Sikasso. Several countries continue to have a low rate of skilled attendance at birth, including Afghanistan, Ethiopia, Nepal and Paraguay. In contrast, Belarus and the Russian Federation have reported a rate of 100 per cent.

50. UNFPA emphasizes capacity development to scale up maternal health services, including family planning, to prevent unwanted pregnancies and recourse to unsafe abortion. UNFPA supports capacity development in implementation of national human resource policies to increase the number of health personnel with midwifery skills, including basic emergency obstetric care. Some examples of UNFPA support in this area, particularly for building national capacity include Rwanda where support was provided for the training of community health workers and service providers. In Albania, UNFPA supported the Government to develop antenatal standards and protocols. In Bangladesh, support was provided to train community-level skilled birth attendants with midwifery skills; and in Ethiopia, a country with one of the lowest rates of skilled birth attendance, UNFPA supported midwifery schools. UNFPA support was also provided for programming, for example, in Madagascar, through the provision of medical equipment and kits. UNFPA in Côte d'Ivoire, in partnership with the private sector, reported support to rehabilitation of maternity centres. In Romania, UNFPA contributed to the dramatic drop in maternal mortality. The country now not only meets, but surpasses the MDG target. At the global level, the midwifery programme was operationalized and launched in collaboration with the International Confederation of Midwives with the goal of improving skilled attendance at birth in low resource settings. UNFPA has also launched the maternal health thematic fund. Eleven countries were selected for support in the first wave and a four-year business plan for $500 million has been prepared.

51. Despite progress, several challenges remain including the challenge to cope with the increasing demand for skilled attendance generated by free maternal services. Another issue is ensuring the high quality of service and addressing skilled attendance at birth in a systematic way. Human resource issues reported include poor distribution of personnel in rural/remote areas, outmigration of staff, overreliance on traditional birth attendants and wage-related factors. Clearly, comprehensive and coherent international support is needed to enable countries to address the specific challenges and UNFPA will continue to work with all partners, in particular WHO, UNICEF and the World Bank, to contribute to addressing the challenges.

52. Emergency obstetric care. In 2008, of the countries with data available, 66 per cent of the countries have a caesarean section rate (which is caesarean sections as a proportion of all births) of below five per cent in rural areas and 20 per cent of countries have a caesarean section rate of less than five per cent in urban areas. Some countries which reported a low national caesarean section rate include Equatorial Guinea, Guinea-Bissau, Nepal, Tajikistan and Timor-Leste. Countries reporting increases include Eritrea and Jordan.

53. UNFPA collaborated with Columbia University to form an alliance to build capacity in national and regional institutions, focusing on emergency obstetric and newborn care. Key interventions supported at the country level include support for capacity development, particularly of health service providers; equipment and supplies; and communication and demand-generation activities. In some countries such as Afghanistan, Central African Republic and Mauritania, support for the rehabilitation of infrastructure was provided in addition to other support. In Sudan, UNFPA supported the creation of core teams of trainers to accelerate capacity-building. UNFPA reported a partnership with UNICEF in Rwanda to provide technical support. In Sao Tome and Principe, UNFPA supported the conduct of an assessment of emergency obstetric and newborn care. In Azerbaijan, specialized centres for neonatal care were established at the community level through a UNFPA-brokered partnership between civil society, the government and the private sector. In Pakistan, UNFPA supports comprehensive emergency obstetric and newborn care at the district and subdistrict levels in 11 focus districts through support for infrastructure, essential supplies and training. UNFPA continued to strengthen its collaboration in this area with key partners, namely, WHO, the World Bank and UNICEF.

54. Several issues and challenges continue to be reported. The cost of caesarean sections remains high and the lack of specialists/gynaecologists and skilled human resources, as well as the inadequate distribution of staff curtails access to emergency obstetric and newborn care. Also, weaknesses in infrastructure and limited budget allocations for health pose serious challenges. Another issue is the critical need for community sensitization to address cultural issues impacting service delivery. Inadequate drugs and blood supply, long distances to health facilities and the lack of female service providers continue to constrain services. It is also a challenge to monitor implementation of the standards of caesarean section. UNFPA will continue to strengthen support to address these challenges through the maternal health thematic fund and by strengthening partnerships.

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.

55. Modern contraceptive methods. According to the most current data the global contraceptive prevalence rate (CPR) is 56.1 per cent. Among the countries with low CPR some increases have been reported such as in Angola, Benin, Burundi, Chad and Liberia. No change or minimal change has been reported from some countries, including Burkina Faso, Kenya and Mali. Several countries have a CPR of

over 70 per cent such as China, Dominican Republic and Paraguay. However, data are reported to be skewed in terms of geographical, ethnic and economic factors.

56. UNFPA contributions in this outcome area included policy advocacy, communications support, particularly for repositioning family planning, procurement of contraceptives and reproductive health commodities, training and capacity development. UNFPA support in the area of family planning has been discussed above in the context of the indicator on unmet need for family planning.

57. Some key issues reported relate to the affordability and accessibility of contraceptives. It is critical to identify the root cause of the underuse of contraception to be able to develop an appropriate response. Limited access to health services due to poor infrastructure, scarcity of skilled providers in rural areas, a high level of dropouts due to real and perceived side-effects, cultural barriers in some sections of the population and non-availability of data for CPR are other issues affecting policy and programming in this area. UNFPA country programmes will continue to address these challenges during 2009 and beyond.

58. Service delivery points offering at least three modern methods of contraception. In 2008, there was an increase in the number of countries reporting service delivery points (SDPs) that offer at least three modern methods of contraception. However, the number of countries in which all SDPs provide at least three methods is still very low at 33 per cent (see details in table 2 below). Also, there are wide variations in access.

Table 2. Percentage of SDPs offering at least three modern methods of contraception

	2007-2008	
	Number of countries	Percentage of countries
Number and proportion of countries with all SDPs offering at least three modern methods of contraception	22	32.8
Number and proportion of countries with at least 80 per cent of SDPs offering at least three modern methods of contraception	46	68.7
Number and proportion of countries with at least 60 per cent of SDPs offering at least three modern methods of contraception	54	80.6

Source: Sample 67 country offices reporting data 2007-2008

59. Together with partners, UNFPA supported health systems and service provision strengthening in several countries during 2008. This included support for: (a) national logistics systems, such as in Ethiopia, Indonesia and Timor-Leste, and the introduction of monitoring and supervision tools to assess the availability and utilization of key services; (b) contraceptive procurement in several countries, including Madagascar, Panama and Turkmenistan; (c) contraceptive methods to expand choices, for example, the introduction of implants in Guinea-Bissau; (d) guidelines development and staff training for the provision of various contraceptive methods, for example, in Lesotho, Mongolia, Namibia, Nepal, Nigeria, Rwanda, Senegal, South Africa, Uganda and Zambia; and (e) service delivery points, strengthened through equipment and supplies provision in countries such as Mali and Mauritania.

60. There are several challenges related to health systems and service delivery points, particularly regarding quality of services as well as capacity for provision of long-term/permanent contraceptive methods. As noted above, there is a need to address the weak health infrastructure in many countries to ensure more functional service delivery points with qualified personnel. Overall, health human resources planning is critical to ensure that health facilities have staff, including for the provision of clinical contraceptive methods. Another critical area is the strengthening of the logistics system to ensure sustainability of contraceptive supplies coupled with support to strengthen the supervision and monitoring system. UNFPA programming in countries will continue to support concerted efforts and partnerships to address these challenges.

Outcome 4: Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people and other vulnerable groups including populations of humanitarian concern increased.

61. HIV prevention among young women and men. Young people's knowledge of HIV has increased but still remains inadequate. Only 34 per cent of young men and 37 per cent of young women were reported to have an accurate knowledge of HIV[2]. However, there are vast variations between and within countries with rates below the global average ranging from 3 per cent in Latvia to 28 per cent in Mozambique to 85 per cent in Argentina. In countries with generalized epidemics, less than 70 per cent have implemented school-based HIV education in most or all school districts; and HIV prevention programmes for out-of-school young people were only implemented by 61 per cent of the countries.

62. The UNFPA-led UNAIDS inter-agency task team on HIV and young people finalized a series of seven guidance briefs on HIV interventions for young people to help decision makers in programming in this area. UNFPA continues to strengthen support for youth participation and most-at-risk adolescents through several strategies including data collection (in Brazil, Pakistan, Syria, Islamic Republic of Iran and Ukraine); policy and legislation; sexual and reproductive health youth-friendly service centres for young people (Nigeria, United Republic of Tanzania and 10 island countries in the Pacific region); support to 25 youth advisory panels and participation of young people at regional and global conferences including at the Mexico HIV/AIDS conference. Y-PEER (a youth network) continues as an important resource for raising awareness among millions of young people, including in Kazakhstan, Kyrgyzstan and Lebanon. In Botswana, Malawi, Nepal, Nigeria, Pakistan, Swaziland and countries in the Pacific region, UNFPA reported contributions to build capacities around youth and sexual and reproductive health/HIV issues. In Cambodia and Lesotho, UNFPA supported the development of national guidelines for youth-friendly sexual and reproductive health. In Ghana and Haiti, support continued for in- and out-of-school youth programmes.

63. While accurate data to populate the indicator is a challenge, the sociocultural environment with its political influence constrains appropriate packaging of age-specific information. Also, improved knowledge on HIV does not necessarily result in behaviour change. Scaled-up programming for out-of-school youth, trained human resources, strengthened youth participation especially in the design and implementation of programmes remain areas of need. The numbers and diversity of young people require an integrated multisectoral approach. Keeping partnerships active and strong in light of financial constraints and ensuring linkages, coordination and information sharing with the sole aim of increasing young people's access to and utilization of HIV-prevention information services will be essential. UNFPA programming in 2009 and beyond will focus on these aspects and strengthened partnerships.

[2] All data in this section are sourced from the UNAIDS 2008 Report on the Global AIDS Epidemic.

64. Condom use at last high-risk sex. Global aggregated data on condom use at last high-risk sex indicate usage of 33 per cent for men and 27 per cent women. However, there are varied country-level definitions for this indicator. In 11 African countries that have conducted repeated surveys, condom use among young people increased in seven countries, although the rates of condom use remain below 50 per cent in most countries.

65. UNFPA has re-energized the inter-agency task team on comprehensive condom programming (CCP) at global and national levels to intensify the implementation of the CCP framework and continued to strengthen its partnerships. A 10-step process to scale up comprehensive male and female condom programming for the prevention of HIV and unintended pregnancy is ongoing in 55 countries (23 in Africa, 23 in the Caribbean, seven in Asia and two in Latin America). Twenty countries drafted national condom strategies and are working to develop a five-year cost operational plan. Access to female condoms has dramatically increased and reached a record number of 33 million in 2008. Demand creation was supported largely through training of service providers, provision of information, education and communication (IEC) materials and strengthening of social marketing. For example, in Cambodia, Jamaica and other Caribbean countries, El Salvador, Lao People's Democratic Republic and Mongolia, UNFPA is helping stakeholders accelerate the promotion of condom use among vulnerable and high-risk groups. Young people's access to condoms is supported in Indonesia, Kenya and Madagascar. Malawi, Zambia, Zimbabwe and other countries in sub-Saharan Africa follow a total market approach covering public sector, outreach, workplace and social marketing.

66. Most condom programmes are still heavily dependent on donor support. More countries need to include condom programming in grant proposals, such as to the Global Fund, and in their national budgets to ensure sustainability. Some programming challenges to be addressed during 2009 and beyond include the sustainability of community-based distribution; registration of the female condom; low condom use despite high knowledge and awareness; logistics and supply issues; sociocultural barriers preventing condom use; and the vertical programming and management of national AIDS programmes, which jeopardize the coordination of condom programming strategies within overall commodity security. An additional challenge is to close the condom-use gap between urban and rural areas.

67. HIV-prevention programming among most-at-risk populations. Gender inequality and unequal power relations among women and men continue to be major drivers of HIV transmission. Global and regional efforts have not sufficiently catalysed expanded country action. The policy and implementation gap in countries, including insufficient allocation of resources, remains significant. Globally, women and girls comprise 50 per cent of people living with HIV. Sex workers, most of whom are women, are one of the most commonly referenced most-at-risk populations. The UNAIDS 2008 report states that 60 per cent of sex workers were reached with HIV-prevention services, a marked increase compared to previous years. However, this data reflects reports from only 39 countries with significant variation between them.

68. UNFPA supported work to reduce the overall vulnerability of women to HIV in more than 45 countries. National report cards and consultations summarizing the current situation of strategies and services and providing recommendations on HIV prevention for girls and young women were completed in several countries in 2008. Many UNFPA-supported country programmes, including in Bangladesh, Ecuador, Haiti, India, Lebanon, Pacific Island countries, Peru and Uganda reported support related to HIV and sex work in collaboration with government, civil society and other partners. In the Russian Federation, jointly with the United Nations Office on Drugs and Crime (UNODC) and WHO, a model of comprehensive programming among women at risk was developed and implemented.

69. The social and economic empowerment of women and girls is an important aspect of reducing the risk of HIV infection. The UNAIDS guidance note on HIV and sex work provides direction on approaches to reduce HIV risk and vulnerability that rest on three interdependent pillars: (a) access to HIV prevention, treatment, care and support for all sex workers and their clients; (b) supportive environments and partnerships that facilitate universal access to needed services, including life choices and occupational alternatives to sex work for those who want to leave sex work; and (c) action to address structural issues related to HIV and sex work. Scaling up programming to address this comprehensive approach is a continuing challenge.

70. Integrating reproductive health and HIV/AIDS. The percentage of HIV-positive pregnant women who received antiretroviral treatment to reduce the risk of mother-to-child transmission is 33 per cent for low- and middle-income countries. This is reported to have increased in Botswana from 34 per cent in 2003 to 91 per cent in 2007. In Malawi, progress in scaling up has been reported where 78 per cent of the sites are providing prevention of mother-to-child transmission (PMTCT) services. However, coverage is variable ranging from 1.4 per cent in Nepal and 3.7 per cent in Eritrea to 92.5 per cent in Ukraine and 100 per cent in Djibouti.

71. At the global level, UNFPA collaborated with several partners including the International Planned Parenthood Federation (IPPF), WHO, and Young Positives to develop the Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide. The tool will contribute to the development of country-specific action plans to forge and strengthen linkages between sexual and reproductive health and HIV at the levels of policy, systems and service delivery. Sixty-six countries from West Africa, the Arab States, the Caribbean, Asia and the Pacific, Eastern Europe and Central Asia were reached through five capacity-building workshops on linking sexual and reproductive health and HIV. In Azerbaijan, Bangladesh, Burundi, Haiti, Kenya, Lesotho, Mali, Mozambique, Nigeria, Thailand, Uganda and Zambia, UNFPA and partners provided support related to PMTCT (a priority linkage area between sexual and reproductive health and HIV) ranging from policy and guidelines development, introduction of PMTCT into health centres, data collection methods, community mobilization, a study on the integration of family planning into HIV services, voluntary counselling and testing (VCT) for pregnant women and support to NGOs to provide PMTCT services.

72. The focus of PMTCT programmes has been primarily on prophylactic antiretroviral treatment rather than a comprehensive approach. There is a need to strengthen the component of information and services and implementation of primary HIV prevention and family planning. Sometimes, PMTCT programmes are delivered as stand-alone programmes with limited linkages to other HIV and health services. Other challenges include increasing community education to promote the use of services and overcoming stigma and discrimination related to uptake of services. UNFPA will continue to collaborate with partners and support programme country efforts to address these challenges in 2009 and beyond, including through the development, with partners, of programming guidance on PMTCT.

Outcome 5: Access of young people to sexual and reproductive health, HIV and gender-based violence prevention services and gender-sensitive life skills-based sexual and reproductive health education, improved as part of a holistic multisectoral approach to young people's development.

73. This outcome addresses the need to support young people's full development and rights by promoting their access to a comprehensive package emphasizing sexual and reproductive health services

(including HIV- and GBV-prevention) and sexual and reproductive health education within national development frameworks across sectors.

74. Secondary school curricula including gender-sensitive, life skills-based sexual and reproductive health. In 2008, only 35 per cent of UNFPA country offices reported the availability of secondary school curricula that included gender-sensitive, life skills-based sexual and reproductive health and HIV prevention. In some countries, Botswana, Cape Verde and Timor-Leste, the life skills framework and curriculum are being developed. While gender and reproductive health issues have not been included in secondary school curricula, these are being implemented in many countries through NGOs (such as Geraçao Biz in Mozambique). In some countries such as Myanmar, life skills education is part of extracurricular activities. In 2008, Turkmenistan made family life education (FLE) mandatory in secondary schools. Argentina has adopted curriculum guidelines to implement the basic 'law of national sex education'. In Mexico, 100 per cent of the schools have incorporated education on gender and reproductive health issues.

75. In Niger, UNFPA supports FLE in secondary schools. In India, UNFPA supports adolescent sexual and reproductive health education programmes in all schools under the central board of secondary education. UNFPA has reported support for the integration of population and development for grades 9-12. In the Russian Federation, UNFPA is collaborating with UNAIDS and the Government on developing and piloting the curriculum on HIV prevention in secondary schools. At the global level, UNFPA and UNICEF are leading the United Nations inter-agency task force on adolescent girls in support of country-level advocacy, policy and programming efforts across sectors to better target and reach marginalized adolescent girls. This work includes developing a joint programming framework to guide country-level activities, promoting promising programme models, and strengthening capacity to reorient existing youth programmes, including ASRH, to more effectively reach these girls who have historically been missed in youth efforts due to their marginalization.

76. There are several challenges to introducing comprehensive sexual and reproductive health life skills in secondary school curricula. For example, some policy makers and managers consider sexual and reproductive health education sensitive and thus oppose its inclusion in the school curriculum. However, with HIV disproportionately affecting youth, particularly young women, governments and partners are increasingly seeing the important role of sexual and reproductive health education for HIV prevention efforts. Weak implementation in countries that have a sexual and reproductive health curriculum is due to a lack of trained teachers, overloading of schedules, and a lack of standardized guidelines and teaching materials at local levels. UNFPA will continue to provide support to develop strategies in the local context to address the specific country challenges identified and will continue to strengthen its collaboration with UNESCO.

D. Gender equality

Goal 3: Gender equality advanced and women and young girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

77. In 2008, UNFPA continued to utilize its unique approach to developing and implementing policies and supporting programming for women's empowerment and gender equality by integrating human rights, gender mainstreaming and cultural sensitivity throughout its work. This three-pronged approach allows for a more comprehensive strategy, including by taking into account the sociocultural

realities that populations face. In 2008, UNFPA programme assistance in the area of gender totalled $35.6 million from regular resources and $23.5 million from other resources. Annex 1 provides a summary of UNFPA country support to selected strategic plan outcome areas in 2008.

Outcome 1: Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.

78. Security Council resolution 1325. The proportion of countries in conflict and post-conflict situations that implement/enforce policies and laws in line with the United Nations Security Council resolution 1325 on women, peace and security in conflict and post-conflict situations has been reported as 75 per cent in 2008 compared to 62 per cent in 2007.

79. Areas of work supported by UNFPA include the women's empowerment project in Lebanon wherein emergency preparedness capacity development was implemented in 10 post-war communities. UNFPA in Nepal supported training and orientation on resolution 1325. In Bosnia, UNFPA worked collaboratively with UNIFEM to increase synergies with existing sexual and reproductive health and GBV programmes involving women and men. In Côte d'Ivoire, UNFPA has supported an action plan for the improvement of health conditions of women in post-conflict situations. In the Occupied Palestinian Territory, UNFPA formed women's coalitions and networks in Gaza, Hebron, Jenin and Nablus to improve protection of women and girls within the framework of resolution 1325.

80. Country offices have reported that this as a challenging area. Coordination is affected by the multiplicity of the actors. There is a need to continue to strengthen national institutions to develop capacity for humanitarian assistance where it is lacking and these efforts need to be sustained, scaled up and institutionalized.

81. Reproductive rights in CEDAW and related protocols. Countries have reported that periodic reports on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) include issues related to women's reproductive rights. In fact, the proportion of countries that have incorporated reproductive rights into their official reporting to the CEDAW Committee has increased from 78 per cent in 2007 to 88 per cent in 2008. In several countries, CEDAW reports focus on interventions and programmes that address HIV and AIDS and GBV.

82. In 2008, UNFPA provided support to governments to further reflect the rights of women and adolescents, particularly their reproductive rights[3], in national policies, development frameworks and laws. Along with other United Nations agencies, UNFPA works with governments to support their efforts to implement the recommendations of CEDAW, particularly those specific to reproductive rights and gender-based violence. Some examples include Ghana, where UNFPA supported the production and dissemination of the combined CEDAW reports; and the Lao People's Democratic Republic, where UNFPA supported the national commission on capacity development to implement, monitor, and advocate for gender mainstreaming. In Nepal and Pakistan, UNFPA supported sensitization and advocacy efforts with members of the constituent assembly/parliament.

[3] Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD Programme of Action, paragraph 7.3).

83. It is important for UNFPA and the United Nations system to work with governments and other national actors, including women's machineries and national human rights institutions, for the follow-up to CEDAW recommendations and to institutionalize these initiatives more effectively.

Outcome 2: Gender equality, reproductive rights and empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.

84. Elimination of harmful practices including female genital mutilation/cutting. A snapshot on the prevalence of female genital mutilation/cutting (FGM/C) from UNFPA country office reports indicates that the prevalence of circumcision is decreasing though it continues to be high in some countries. In Ethiopia, the national prevalence is reported as 74 per cent, an improvement from the 2000 rate of 80 per cent. In Mali, the rate is reported to have decreased to 85 per cent from 92 per cent in 2001. Sudan has also reported a decrease in the prevalence rate. Egypt reported that the overall prevalence in ever married women remains the same but has decreased to 76 per cent for girls between the ages of 14 and 17 years. However, the data is indicative and there continues to be a paucity of reliable data and research in this area.

85. UNFPA and UNICEF have been collaborating on reducing FGM/C. In line with efforts to work together by integrating sexual and reproductive health issues and FGM/C issues, the joint programme and trust fund on FGM/C was launched in 17 countries. UNFPA and UNICEF, together with other partners, supported governments to create national mechanisms for accelerated abandonment of FGM/C. Examples include the development of a national strategy and action plan in Sudan and the strengthening of legislation against the practice in Egypt.

86. FGM/C data is not disaggregated by age groups thus making it hard to capture the decrease of prevalence in some countries. Among the challenges encountered at country level is the increased medicalization of the practice. A key lesson learned is that there is a need to work with a broad range of key actors, including medical personnel, community and religious leaders, women organizations, youth and media to address the challenges.

87. Women's decision-making on their health care and the engagement of men and boys. Work with men has demonstrated the value of encouraging men's positive roles in building gender equality and improving men's and women's health. Some trends reported by UNFPA country offices highlight the issues and gaps on women's decision-making regarding their own health care. For example, only about 40 per cent of Ghanaian women have been reported to be responsible for taking their own decisions on their health. Data from Malawi indicates that 19 per cent of women were not able to make decisions about their place of delivery. In Peru, 71 per cent of men were reported to have been present during antenatal care. In Tajikistan, the proportion of women who have the final say in decisions about their own health care increased from 36.7 per cent in 2005 to 44 per cent in 2007. Data from the Jordan DHS gives the rate of 91 per cent for the same indicator. It should be noted that the percentages increase with the age of the respondent and with the education level of the women.

88. UNFPA has made strong efforts to integrate male involvement components into reproductive health information and services. The importance of engaging men and boys throughout UNFPA gender equality programming has been demonstrated through its membership in the steering committee of the Men Engage Alliance – a global alliance of NGOs and United Nations agencies that seek to engage boys and men to achieve gender equality, as well as through the Fund's consistent focus on mobilizing faith-

based organizations and engaging the male leadership of the organizations. UNFPA worked to build its knowledge base in the area of male involvement by continuing its partnerships with NGOs for the development of a toolkit on 'how-to' engage men and boys, the formation of interfaith networks at the regional and global levels, as well as the documentation of good practices and case studies. Several UNFPA country programmes have reported support to male involvement on reproductive health. For example, in Bangladesh, Ethiopia and Guatemala there were several instances where the capacity-building of faith-based organizations and advocacy with religious leaders, led to noticeable changes in discourse around sexual and reproductive health issues, and in efforts to enhance related legislation. At the global level, the agreement of over 160 faith-based organizations and religious leaders to come together around population and development at the Global Forum on Faith-based Organizations (organized by UNFPA in Istanbul, Turkey, in October 2008) constitutes an important milestone in the successful mobilization of critical agents of change.

89. Despite the increasing recognition of the important role that men and boys play in gender equality and reproductive health, they are still rarely engaged in health policies and programmes. However, UNFPA and its partners are working towards providing practical strategies for engaging men and boys by addressing the underlying gender norms which most often influence attitudes and behaviours. In this respect, an important challenge is the lack of a comprehensive study regarding decision-making between spouses on health. The non-availability of baseline data and inadequate coordination among different governmental ministries remains a challenge. Social and cultural factors continue to undermine women's capacity for personal decision-making, especially at the household level.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

90. Along with its sister agencies, UNFPA provides support to governments to strengthen their public institutions (state national human rights institutions, the judiciary, the police) to include reproductive rights and prevention of gender-based violence into their mandates.

91. Reproductive rights[4] in national human rights protection systems. In 2008, the proportion of countries with reproductive rights incorporated in national human rights protection systems show a slight increase from 62 per cent in 2007 to 63 per cent. For example, in the Gambia reproductive rights were included in the revision of the policy on the advancement of Gambian women, as well as in the African Union protocol on the reproductive health and rights of women.

92. At the global level, UNFPA worked on the development of a capacity-building package on the rights-based approach to programming. UNFPA reinforced the capacities of its staff and partners in the rights-based approach, including to reach the most marginalized and vulnerable groups. UNFPA also advocated for further integration of the ICPD agenda within the Human Rights Council and CEDAW Committee and provided support to the United Nations rapporteurs on violence against women and the right to health.

[4] Reproductive rights as defined in the ICPD Programme of Action, paragraph 7.3.

93. There are still challenges in linking the reproductive health and rights community with the national systems. Meanwhile, UNFPA will continue to provide support and information for integration of the ICPD agenda in national human rights protection systems.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

94. Prevention and response to gender-based violence. The proportion of countries that have mechanisms in place or being developed to monitor and reduce gender-based violence shows only a slight increase from 86 per cent in 2007 to 87 per cent in 2008. However, country offices have reported the development and finalization of national policy and plans in this area. For example, in Ghana, Macedonia, Malawi and Mozambique, national policies were initiated to support efforts to end gender-based violence.

95. UNFPA is the co-chair of the inter-agency task force on violence against women. UNFPA supported the multi-stakeholder joint programming pilot initiative in 10 countries. This was seen as a good practice among other programming countries because of the fostering of multi-stakeholder dialogue at the national level on the issue of violence against women. Through the UNFPA country programmes support was provided in this area for advocacy, training, technical assistance and research. For example, in Benin, UNFPA along with its partners mobilized support for a study on gender-based violence. In Madagascar, UNFPA supported centres and legal advice for victims of violence. Training and capacity development initiatives in GBV were supported in several countries including Cambodia, Sudan, Swaziland and Turkey.

96. A key challenge in the area of GBV is implementation of national laws at local/regional levels. There is also a great need to put in place a more coordinated and systematic approach to deal with GBV at the country level. This would entail strengthening coordination between different levels of service providers and law enforcement, specifically in the areas of data collection and reporting.

97. Strengthening the health sector response to gender-based violence. Sixty-six per cent of countries reported the inclusion of gender-based violence in pre- and in-service training of health service providers as compared to 64 per cent in 2007. Countries have reported several good initiatives in terms of GBV manuals, standards and protocols, and training. However, as seen in table 3 below, the access to qualified providers in screening, care and referrals is still low, standing at only 25 per cent.

Table 3. Access of GBV survivors to support services

	2007 (%)	2008 (%)
Qualified health-service providers in screening, care and referrals for GBV survivors	18.3	25.0
Comprehensive and appropriate psychosocial support programmes for GBV survivors	11.3	18.5
Police officers and other security/law enforcement agents are trained and able to respond appropriately to GBV survivors' needs	11.3	15.1

Source: 2007 and 2008 country office annual reports

98. UNFPA has supported a range of efforts to strengthen the health sector response to GBV. Working with a number of partners, UNFPA initiatives include: (a) development of manuals, protocols, guidelines and curriculum in GBV in Albania, Botswana, China, Rwanda and Uganda; (b) training of service providers in Côte d'Ivoire, Mongolia, Nepal, South Africa and Zambia; (c) advocacy and policy dialogue on the importance of integrating GBV issues in health plans and programmes, as for example in Jordan; and (d) medical kit to treat survivors of GBV as in Guatemala. Also, in Honduras, a model of integrated care for GBV victims was developed and implemented in 26 centres.

99. At the national level, there are ongoing challenges to increase access and ensure the provision of high quality services to address and reduce GBV. This is even more difficult at the provincial level where there tends to be lower capacity, less funding and more conservative norms in place. The training on GBV management and its integration into regular training plans for health workers at district levels has not been given priority attention. Despite the existence of policies, GBV programming is not generally reflected in annual budgets of the ministries of health. There is also a need to incorporate sociocultural issues in GBV guidelines and manuals for effective interventions, as many guidelines include only medical aspects.

IV. MANAGEMENT RESULTS FRAMEWORK

100. The management results framework (MRF) of the UNFPA strategic plan, 2008-2011, forms the framework of the UNFPA office management plans for all organizational units. This section of the report analyses progress achieved and challenges encountered in the context of the nine management outputs of the MRF. It may be noted that outputs 1, 2 and 6 in the MRF are interrelated and therefore some overlap between the results reported below is inevitable.

A. Managing for results

101. **MRF output 1: Increased results-based management effectiveness and efficiency.** Accountability for results is a strong commitment of UNFPA and in line with the strategic plan, 2008-2011, UNFPA continued to strengthen results-based management in 2008. At the global level, a study to review and guide the streamlining of RBM systems and tools was completed in 2008 and an initiative to optimize RBM was launched to continue strengthening this area. Of the 26 UNFPA country offices reporting engagement in 2008 in the formulation of a new country programme, 24 reported using strategic planning tools of causality/problem tree analysis and/or analysis of risks and assumptions. There is a need to ensure universal use of these tools. The availability of baseline data improved in 2008 compared to the previous year. Forty-four per cent of UNFPA country programmes reported data availability for at least 75 per cent of output indicators in the country programme results and resources framework compared to 38 per cent in 2007. The strategic plan indicator on the achievement of at least 75 per cent of the office management plan outputs was reported achieved in 94 per cent of the country offices.

102. To further strengthen UNFPA capacity in RBM, new positions of regional monitoring and evaluation advisers were created in 2008. UNFPA country offices also reported strengthening the capacity for monitoring and evaluation. Eighty-three per cent of UNFPA country offices reported staff participation in some learning and training initiative for RBM. A comprehensive training will be developed in 2009 to ensure that UNFPA staff members at the global, regional and country levels have RBM capacities.

103. As chair of the High-level Committee on Management (HLCM), the UNFPA Executive Director promoted an agreement between agencies to further harmonize business practices. Strengthened United Nations coherence and harmonization of business practices will facilitate harmonizing programming and reporting for results at the country level. As part of the UNFPA commitment to improve the quality of self-assessed annual reporting data, several quality assurance measures were included in the revised 2008 annual reporting guidelines. UNFPA will also be conducting a partner survey in 2009 in selected countries to solicit feedback on programme performance.

104. **MRF output 2: Ensured results-oriented high-quality UNFPA programme delivery at the country, regional and global levels**. Eighty-eight per cent of UNFPA country offices reported that at least 75 per cent of the annual work plan outputs were achieved as per the year-end review. With the launch of the Atlas programme module in 2008, data and analysis for the achievement of outputs and linkages with the resources will be further strengthened. With reference to programme monitoring, 87 per cent of UNFPA country offices reported that they have a plan for regular field monitoring visits. However, only 53 per cent of UNFPA country offices have reported over 75 per cent implementation of the annual monitoring activities in the plan. UNFPA is also strengthening RBM and monitoring of its global and regional programmes, 2008-2011. In 2008, UNFPA enhanced its efforts to strengthen national execution (NEX) and implementation. A dedicated NEX unit was established at UNFPA headquarters headed by an Executive Coordinator and more effective systems and mechanisms are being put in place to improve accountability for UNFPA-funded programme activities.

105. Knowledge sharing. In 2008, many UNFPA country offices reported knowledge-sharing initiatives and participation in the exchange of experiences. These activities include contribution to knowledge assets, participation in discussion forums, networking with internal or external experts, and strengthening the UNFPA knowledge-sharing culture. For example, in Burundi, UNFPA participated in the discussion forums of the United Nations thematic integrated groups, the United Nations peacebuilding community of practice, and the United Nations poverty alleviation knowledge network. Other initiatives include newsletters, such as on the joint UNFPA/UNICEF newsletter on FGM/C from Guinea; and knowledge-sharing papers and briefs. UNFPA country offices also reported increasing the number of key documents placed in the UNFPA global document repository (DocuShare) for enhancing knowledge sharing. Forty-three per cent of country offices have reported that more than 50 per cent of their key documentation is available in DocuShare. UNFPA is currently updating its knowledge management strategy building on lessons learned and is taking advantage of new tools and technologies.

106. The total number of South-South initiatives that were initiated, organized or facilitated by UNFPA country offices during 2008 is 189. These initiatives included joint efforts with the United Nations country teams or other United Nations agencies. Specific country examples are included in the section above on the development results framework.

107. **MRF output 3: UNFPA maintains motivated and capable staff**. Implementation of the UNFPA reorganization was one of the most important achievements for human resources management in 2008. UNFPA successfully implemented the large and comprehensive job matching and job fair exercises. In the job fair, 15,000 applications were received for 106 vacancies advertised and processed through the new web-based e-recruit system in Atlas. To ensure that UNFPA retained the institutional memory and professional knowledge of staff members separating or moving to new posts, UNFPA designed and launched a tool – "the knowledge transfer notes" – that provides a structured approach to a hand-over for knowledge preservation and facilitates immersion into new functions. Early separation packages were also approved for 69 locally recruited support staff.

108. As featured in the UNFPA human resource strategy, further initiatives were undertaken to ensure staff well-being. The 2008 global staff survey focused on issues related to work/life balance. The survey generated a staff response rate of over 60 per cent. Seventy-seven per cent of the respondents reported satisfaction with their job at UNFPA and 88 per cent reported that they were motivated to make UNFPA successful. In addition, UNFPA continued to collaborate with UN Cares, the United Nations system-wide workplace programme on HIV, to promote awareness of HIV and AIDS. Consistent with the Fund's goal of maintaining motivated, safe and secure staff, business continuity plans in the event of a pandemic were prepared for the headquarters support units using an all-hazards approach while factoring in the specificities of a protracted crisis of pandemic influenza.

109. A succession planning framework was developed. As an element of this framework, UNFPA successfully launched a leadership and applied management programme, which aims to strengthen the supervisory and managerial skills of mid-level staff. Staff development is integral to the Fund's performance management system, and over 84 per cent of country offices reported having prepared a staff development training plan. Staff took advantage of training and learning opportunities including, among others, the UNFPA distance learning programme covering a range of population issues; Atlas; humanitarian response; and competency-based job interviewing. Offices implemented other initiatives to enhance staff motivation, protect staff rights, and strengthen security arrangements. A recent survey conducted by the International Civil Service Commission of 15,000 staff members across the United Nations system found that UNFPA staff are significantly motivated, and ranked UNFPA as the third most recommended United Nations organization to work for.

B. Partnerships

110. **MRF output 4: Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded**. All 121 UNFPA annual country reports for 2008 provided examples of strategic partnerships and collaboration with a broad range of partners such as women's institutions, youth organizations, parliamentarians, human rights institutions, faith-based and community organizations and the private sector. Some of these partnerships pertaining to specific thematic areas are delineated in the section above on the development results framework. In 2008, new partnerships were also developed, such as in Cape Verde to strengthen the network of journalists on population and development. In the Democratic Republic of the Congo, UNFPA reported a unique partnership with the private sector company Vodacom for the establishment of telephone messaging access to care services for victims of sexual violence. In the United Republic of Tanzania, UNFPA reported engaging private media houses to promote and advocate for ICPD issues, particularly maternal health and the prevention of gender-based violence. In India, UNFPA collaborated with the Indian Association of Parliamentarians on Population and Development to advocate with and sensitize elected representatives. Partnership with the evangelical church to promote implementation of reproductive health education was reported in Guatemala. At the global level, UNFPA continued to be an active partner of the H8 and contributed to supporting the visibility of the reproductive health agenda. Reproductive health, including maternal health, was highlighted at the Group of Eight (G8) meeting which took place in Tokyo. In 2008, UNFPA also focused on establishing a network of faith-based organizations working in population and development.

111. During 2008, the Multilateral Organizations Performance Assessment Network (MOPAN) conducted a partnership behaviour survey in 10 UNFPA country offices. According to the main findings, MOPAN country teams perceive UNFPA to be comparatively strong in advocacy,

supporting and aligning its own work with the government's national development strategies, inter-agency coordination and harmonization within the United Nations system. Perceptions of UNFPA partnership behaviour in the areas of policy dialogue, capacity development, advocacy and information sharing are similar to those of 2005 (albeit at different levels of performance). With the operationalization of the Fund's new organizational structure, increasing emphasis will continue to be placed on capacity development, policy dialogue and advocacy.

C. United Nations reform

112. **MRF output 5: Ensured leadership role of UNFPA and active participation in the United Nations reform**. UNFPA leadership and active participation in the United Nations reform has been guided by the recommendations of General Assembly resolution 62/208 and is translated into strong engagement at country, regional and global levels. Twenty-nine UNFPA country offices have reported the development of new United Nations Development Assistance Frameworks (UNDAFs) during 2008. As can be seen from the table below, UNFPA country offices have reported comprehensive incorporation of population and development, sexual and reproductive health and gender equality in UNDAF outcomes. Also, 47 per cent of UNFPA country offices have reported major contributions to the incorporation of these areas in the UNDAFs.

Table 4. Incorporation of population and development, sexual and reproductive health and gender equality in the UNDAF outcomes

	Population and development		Reproductive health and rights		Gender equality	
Comprehensive	68	56.2%	79	65.3%	76	62.8%
Partially	25	20.7%	13	10.7%	14	11.6%
None	1	0.8%	1	0.8%	1	0.8%
No data	27	22.3%	28	23.1%	30	24.8%
Total	121	100.0%	121	100.0%	121	100.0%

113. Besides active participation and contribution as part of the UNCT, UNFPA country offices have reported taking a lead in several programme and technical areas in the team. UNFPA chairs inter-agency programme committees in countries such as Botswana and Kenya, where UNFPA is the chair of the harmonized approach to cash transfer (HACT) committee; in the Central African Republic, UNFPA leads the cluster on common expenses of the UN House; and the monitoring and evaluation cluster in the Congo. In many countries UNFPA leads as the convening or co-convening agency in thematic areas such as gender (as in the Congo, Islamic Republic of Iran, Lao People's Democratic Republic and Yemen) and basic social services/health (as in China, Gambia, India and Senegal). In 2008, UNFPA reported chairing the United Nations theme groups on HIV and AIDS in 46 countries.

114. While UNDAF planning processes show some progress, the conduct of an annual UNDAF and country programme review is reported to be low with 31 per cent of the country offices reporting no review during 2008. In 15 per cent of the countries both the country programme and UNDAF reviews were conducted; and in 27 per cent of the countries only the UNFPA country programme annual review was conducted. With new United Nations common country assessment (CCA)/UNDAF guidance on monitoring and evaluation and the increased focus on RBM and accountability for results in resolution 62/208, mechanisms are being put in place for

strengthening this component. At the global level, UNFPA conducted training workshops for UNFPA staff to ensure that the new generation UNDAF documents reflected the lessons learned by UNFPA country offices in the context of the ICPD mandate.

115. UNFPA participation in joint programmes[5] with other United Nations agencies in 2008. As can be seen from table 5 below, UNFPA reported participation in 224 active joint programmes with United Nations agencies in 2008. These covered all the UNFPA strategic plan outcome areas in population and development, reproductive health and rights and gender equality. The top three areas of UNFPA collaboration in joint programmes were HIV/AIDS, GBV and maternal health. UNFPA will continue strengthening its participation and partnership in the United Nations Development Group (UNDG) through participation in the global UNDG working groups and committees to support United Nations reform as per resolution 62/208. Also, it should be recalled that as reported in the 2008 survey, the MOPAN country teams' perceptions were consistently positive for UNFPA in the areas of alignment, inter-agency coordination and harmonization within the United Nations system.

Table 5. UNFPA participation in joint programmes with other United Nations agencies

	Number of joint programmes
Total active joint programmes in 2008	224
Access and utilization of family planning services	6
Promote sexual and reproductive health rights and demand	7
Emerging population issues in development	8
Human rights protection systems and mechanisms	9
Young people's rights and needs	11
Gender equality, reproductive rights and empowerment	13
Access of young to sexual and reproductive health and gender	14
Population dynamics and interlinkages	14
Gender equality and human rights in policies	15
Population, gender and sexual and reproductive health data for development	18
Access to maternal health services	24
Response to gender-based violence	35
Demand and utilization of HIV/sexually transmitted infection (STI) services	40
Others	10

[5] A joint programme is a set of activities contained in a common workplan and related budget, involving two or more United Nations organizations and (sub) national partners. The workplan and budget form part of a joint programme document, which also details roles and responsibilities of partners in coordinating and managing the joint activities. The joint programme document is signed by all participating organizations and (sub) national partners. (Source: Guidance note on joint programming, UNDG, 2003).

D. Accountability and oversight

116. **MRF output 6: Improved accountability for achieving results at all levels**. Significant measures have been adopted in 2008 to improve accountability. The UNFPA oversight policy (DP/FPA/2008/14) aims at strengthening accountability, risk management and assurance processes. Efforts to improve accountability through compliance with the UNFPA performance and appraisal development system continued in 2008. The Atlas programme module launched in 2008 will help to further improve accountability for programme performance. Recognizing that accountability also involves ethics and ethical standards, UNFPA established an Ethics Office in 2008 and introduced a mandatory ethics training course for all staff (see also DP/FPA/2009/5 for additional information).

117. In the area of programme monitoring and evaluation (M&E) there is progress, although further improvements are needed. Seventy-nine per cent of UNFPA country offices reported a monitoring and evaluation plan in place in 2008. Of the 93 country offices with a monitoring and evaluation plan nearly 56 per cent reported completion of at least 75 per cent of the 2008 planned activities (see details in table below).

Table 6. Percentage of activities listed in the annual monitoring and evaluation plan for 2008 completed

	Number of countries	Percentage
100%	3	3.2%
75 - 99%	49	52.7%
50 - 74%	23	24.7%
25 - 49%	8	8.6%
0 - 24%	8	8.6%
No data	2	2.2%
Total of country offices with an M&E plan	93	100.0%
Country offices with no M&E plan	25	20.7%

118. UNFPA country offices reported conduct of the midterm, end-of-programme/project and other evaluations. In 2008, of the total 112 evaluations conducted, 81 per cent were reported to be independent evaluations. The table below also provides the reported data on the percentage of evaluation recommendations that were followed up in 2008.

Table 7. Recommendations of evaluations by country offices implemented in 2008

Number of evaluations where follow-up recommendations were implemented -- 71		
Percentage of the accepted recommendations implemented by the end of 2008	Number of countries	Percentage
100%	2	2.8%
75-99%	29	40.8%
50-74%	22	31.0%
25-49%	6	8.5%
0-24%	5	7.0%
No data	7	9.9%

119. Table 7 above provides the details of the accepted evaluation recommendations that were implemented in 2008. In order to build on the progress made and address the existing gaps, the UNFPA evaluation policy (DP/FPA/2009/4), submitted to the Executive Board at the annual session 2009, focuses on evaluation as a comprehensive function that reinforces accountability, oversight and learning to support management decisions and enhance programme effectiveness. With a view to strengthening RBM and accountability, the evaluation policy proposes mechanisms to increase utilization of and follow-up to evaluation recommendations.

120. UNFPA has institutionalized the follow-up process for implementing the recommendations of the United Nations Board of Auditors and by 31 December 2008, 74 per cent of the recommendations for the biennium 2006-2007 were implemented. A quarterly monitoring by the UNFPA Executive Committee, chaired by the Executive Director, is now in place to assess progress made and take corrective measures. The senior management of UNFPA has designated national execution as one of its highest corporate priorities and has included the implementation of the recommendations of the Board of Auditors as an indicator for corporate, division and staff performance. Furthermore, monitoring of the implementation of internal audit recommendations was undertaken regularly in 2008, as part of the established accountability structure of UNFPA and appropriate actions were taken in case of delays in implementation.

E. Sustainability and stewardship of resources

121. **MRF output 7: Ensured sustainable resources for UNFPA**. At the global level, UNFPA exceeded the resource mobilization targets in its strategic plan – regular resources raised exceeded the 2008 target by $13 million, and co-financing resources exceeded the target by $122 million. Considerable resources were also mobilized for the thematic funds, attracting major contributions from the Netherlands and the United Kingdom. At the country level, UNFPA has worked with governments and other development partners to marshal a broader base of resources. The contributions from national government partners grew from $14.2 million to $26.3 million between 2007 and 2008. Sixty-five per cent of UNFPA country offices reported having developed a resource mobilization plan. Analysis and examples of resource mobilization efforts by UNFPA country offices are provided above in the section on population and development.

122. **MRF output 8: Improved stewardship of resources under UNFPA management**. UNFPA focused strong attention on ensuring stewardship and oversight of resources under its management. Central to this is the consistent application of the internal control framework and all elements of the oversight policy. UNFPA country offices have reported several initiatives at the local level to improve the stewardship of resources. In the country office in Cambodia, two major measures of a monthly financial checklist and financial capacity development of implementing partners for national execution were introduced during 2008 to improve financial management of the country programme. Several UNFPA offices in 2008 conducted training in the Atlas financial module for all staff. In Bangladesh, the country office prepared monthly and quarterly financial checklists to determine the outstanding purchase orders, vouchers and requisitions and to ensure that problems were resolved and/or kept to a minimum. Several country offices have reported developing and monitoring a fraud risk framework to minimize risk and fraud cases.

123. UNFPA management continued attention at all levels to ensure strong stewardship of resources and new international operations manager positions were established in 2008 in several

countries. The Fund's reorganization is enabling stronger and more integrated programme, technical and operations support to country offices.

F. Strengthening field focus

124. **MRF output 9: UNFPA will have become a stronger field-focused organization**. UNFPA is implementing a package of strategies to achieve this output which includes high-quality, timely and continuous support to field offices. The Fund's reorganization is yielding several benefits, including allowing UNFPA to: (a) integrate technical and programmatic support to country offices; (b) strengthen national capacity development; (c) facilitate South-South (and North-South-South) cooperation; (d) help in strategic ICPD positioning; (e) develop strategic partnerships; (f) strengthen collaboration with other United Nations agencies; and (g) facilitate knowledge management.

125. A summary of the type of support countries received from regional offices in 2008 is given in the table below. A total of 114 countries reported receiving support from regional offices in various aspects of programming. The three areas where most support was provided include technical contribution to the programming processes; coordination of inputs from other headquarters divisions and strategic guidance on the country programme formulation and implementation.

Table 8. Support provided by regional offices to countries

	Number of country offices	Percentage of distribution
Strategic guidance on CCA/UNDAF, country programme formulation and implementation	30	26
Technical contribution to the programming process	74	65
Coordination of inputs from other headquarters divisions for improved quality of programming	49	43
Joint review of the programme and projects in terms of their relevance and effectiveness	14	12
Support to country programme monitoring and evaluation activities	29	25
Political support to help better position the country programme in the national development context	40	35
Support to the United Nations country team	36	32
Other	33	29
Any type of support	114	100

126. The table below provides a summary of country offices' assessment of the overall support by regional offices (earlier called geographical divisions). As can be seen from the data, there is not much difference in the assessment compared to 2007. With the establishment and functioning of the regional offices in 2009 and robust action plans for integrated technical and programmatic support for countries, this component will continue to be strengthened.

Table 9. Country offices' assessment of the overall support by the regional offices

Aspects of the support by regional offices:	Excellent		Good		Satisfactory		Poor		No data	
	2007[a]	2008[b]	2007[a]	2008[b]	2007[a]	2008[b]	2007[a]	2008[b]	2007[a]	2008[b]
Relevance of support	21%	22%	55%	57%	21%	21%	1%	0%	3%	0%
Quality of support	17%	18%	58%	60%	22%	21%	1%	1%	2%	0%
Timeliness of support	19%	18%	42%	49%	32%	29%	4%	4%	3%	1%
Impact upon overall quality of country programme and programme delivery	17%	13%	47%	56%	33%	27%	1%	2%	3%	3%

Source: UNFPA 2007 and 2008 country office annual reports -- [a] Sample of 107 country offices, [b] Sample of 119 country offices.

V. INTEGRATED FINANCIAL RESOURCES FRAMEWORK

127. The overall resources expended in the three UNFPA focus areas of population and development, reproductive health and rights, and gender equality as reported in 2008 are indicated in the table below. The Statistical and financial review, 2008 (DP/FPA/2009/2 (Part I, Add.1) an addendum to the present report, provides details of UNFPA income and expenditures in 2008, including expenditures by programme areas, region and country classification groups. All financial data and figures for 2008 are provisional.

Table 10. UNFPA assistance by strategic plan outcomes*				
	Regular resources $ millions		Other resources $ millions	
	2007	**2008**	**2007**	**2008**
1. Population and development	52.2	68.9	56.7	55.1
1.1 Population dynamics and interlinkages incorporated in public policies and expenditure frameworks		28.5		14.4
1.2 Young people's rights and multisectoral needs in public policies and expenditure frameworks		7.1		3.8
1.3 Data analysis and use at national and subnational levels		28.0		35.9
1.4 Emerging population issues		5.3		1.0
2. Reproductive health and rights	146.6	165.0	135.0	135.5
2.1 Reproductive rights and SRH demand promoted in essential SRH package and integrated in public policies of development		30.1		39.6
2.2 Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity		86.5		53.7
2.3 Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention		14.5		12.8
2.4 Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people and other vulnerable groups increased		16.6		18.2
2.5 Access of young people to SRH, HIV and GBV prevention services improved		17.3		11.2
3. Gender equality	20.8	35.6	13.0	23.5
3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights integrated in national policies, development frameworks and laws		10.7		6.9
3.2 Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices		12.5		3.8
3.3 Human rights protection systems and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence		2.1		3.8
3.4 Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services including emergency and post-emergency situations		10.3		9.0
Programme coordination and assistance	54.0	71.1	(0.6)	(0.7)
Total**	273.6	340.5	204.2	213.5

**All data used throughout these tables are provisional. Totals may not add up due to rounding. For the full strategic plan matrix delineating UNFPA goals, outcomes, indicators and strategies see www.unfpa.org/about/vision.*

***Totals may not add up due to rounding.*

VI. ELEMENTS FOR A DECISION

128. The Executive Board may wish to:

(a) *Take note* of the documents that make up the Report of the Executive Director for 2008, DP/FPA/2009/2 (Part I), DP/FPA/2009/2 (Part I, Add.1) and DP/FPA/2009/2 (Part II);

(b) *Recall* General Assembly resolution 63/232 on operational activities for development, which, inter alia, urges the funds and programmes to carry out any changes required to align their planning cycles with the quadrennial comprehensive policy review, including the implementation of midterm reviews as necessary;

(c) *Extend* the UNFPA strategic plan, 2008-2011, to 2013, including the integrated financial resources framework and the UNFPA global and regional programme, 2008-2011;

(d) *Request* the Executive Director to submit to the Executive Board, at its annual session in 2011, a midterm review of the extended strategic plan, 2008-2013, including the integrated financial resources framework and the UNFPA global and regional programme;

(e) *Also request* the Executive Director to submit to the Executive Board, at its annual session in 2013, a cumulative review of the extended strategic plan, 2008-2013, prior to the submission of the new strategic plan, 2014-2017, at the Board's second regular session in 2013.

ANNEX

UNFPA country office support to selected strategic plan outcome areas in 2008

(Sample data from Atlas as of 31 December 2008)

Strategic plan outcome number	UNFPA country office support to selected strategic plan outcome areas in 2008	Expenditures ($ millions)	
		2008	Number of country offices*
Population and development			
1.1	Population issues in public policies, national, subnational and sectoral development plans	$6.5	59
1.2	Young people's rights and needs in national policies and expenditure plans	$1.1	25
1.3	Population and housing census	$47.8	46
1.4	Population ageing	$0.8	21
Reproductive health and rights			
2.1	Reproductive health commodity security	$8.6	50
2.2	Maternal health care	$34.3	68
	Health systems and human resources	$5.2	33
2.3	Family planning	$9.7	37
2.4	HIV prevention information, skills and services for young people	$3.5	41
	HIV/AIDS prevention	$7.3	40
	Sexual and reproductive health and HIV linkages	$1.5	24
2.5	Young people's sexual and reproductive health services and life skills education	$14.8	62
Gender equality			
3.1	Mainstreaming gender and reproductive rights in national policies	$3.5	39
3.2	Empowerment of women, addressing elimination of harmful practices	$6.6	58
3.3	Human rights protection systems	$1.8	38
3.4	Gender-based violence	$6.7	51
Cross cutting areas			
	Sexual and reproductive health, HIV and GBV in humanitarian situations	$2.4	22
	Advocacy on MDGs, ICPD issues and UNFPA mandate	$2.4	54

*Sample of 83 UNFPA country offices with activity codes available in Atlas by the end of 2008. The country offices are limited to only those that incurred expenditures in 2008 in the activities listed in the table. All 2008 financial data and figures are provisional.